

Note: This is a sample

template, it is not

an OMB approved

form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Golden West Telecommunications Cooperative, Inc.

Service Provider Name

Golden West Telecommunications Cooperative, Inc.

Company Address, City, State, Zip

415 Crown Street

P.O. Box 411

Wall, SD 57790-0411

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Gwen Davis, Administrative Assistant

Contact Tel #

605-279-2161

Fax #

605-279-2727

E-mail Address

Gwendavis@goldenwest.com

Section 2

Local Area 911 Implementation

s List all individual local areas covered by this report (e.g., Lee County, Virginia):

Haakon County, South Dakota

Jackson County, South Dakota

Todd County, South Dakota

Ziebach County, South Dakota

<p>(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.</p> <p>" No emergency response point has yet been designated for any of the above identified locations. See response to Sections 3(a) and 3(b) below."</p>
<p>(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.</p> <p>" Necessary translations and other work necessary for the proper routing of 911 calls in each of the above identified areas will be commenced once the emergency response point has been determined for each area."</p>
<p>(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.</p> <p>" Once an emergency response point has been determined for any of the above identified areas, Golden West Telecommunications Cooperative, Inc. will promptly complete the technical work necessary to properly route the 911 calls. At this time Golden West Telecommunications Cooperative, Inc. anticipates no problems completing the transition prior to September 11, 2002."</p>
<p>Section 3 911 Implementation Problems</p>
<p>(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.</p> <p>" No emergency response point for any of the above identified areas has yet been designated by either the State or by the authorized local government entity. Discussions concerning the necessary designations, however, have been started with the State and the affected county governments. See answer to Section 3(b) below."</p>
<p>(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.</p> <p>" The issue concerning designation of emergency response points in each of the areas listed above has been raised through our state association, the South Dakota Telecommunications Association (SDTA), with the State of South Dakota and the affected counties. On March 4, 2002, a meeting was held involving SDTA, the State Division of Emergency Management, the State Bureau of Information and Telecommunications, and the South Dakota Association of Counties. The matter of PSAP designations was discussed and a plan was developed for facilitating timely PSAP decisions by the affected county government entities. Follow-up meetings will be held involving SDTA, the State Division of Emergency Management, the South Dakota Association of Counties and also representatives from each of the counties not currently offering 911 emergency response services. The county representatives will be informed of the specific requirements set forth in set forth in the FCC's Order (FCC 01-351) and will be urged to make prompt decisions on how 911 calls in their area should be routed."</p>

Section 4

Certification - To be signed by an authorized representative of the reporting entity

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I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

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I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Gwen Davis

Printed name of authorized representative

Gwen Davis

Title: Administrative Assistant

Date: March 7, 2002

This filing is:



original filing



revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.